



Maine Center for Disease
Control and Prevention

An Office of the
Department of Health and Human Services

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION

Town of LAMOINE

Property Owner's Name: ALEXIS G. SHAW

Tel. No.: _____

System's Location: 475 LAMOINE BEACH ROAD

Property Owner's Address: c/o TACY RIDLON - MARSELLO GROUP
140 HIGH STREET - ELLSWORTH, ME.

Zip Code 04605

e-mail address: _____

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☒ local approval ☐ local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)

1. SYSTEM TO OWNER'S WELL 92'
2. WATER TIGHT TANK TO OWNER'S WELL 30'
3. _____

SECTION OF RULE

TABLE 8-A

TABLE 8-A

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

VARIANCE REQUESTS ARE MINIMIZED.

I, WILLIAM A. LABELLE, JR. #319 S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available, enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

W. A. Labelle Jr.
#319
SIGNATURE OF SITE EVALUATOR

8-10-19
DATE

PROPERTY OWNER

I, Alexis G Shaw, am the owner ☒ agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Alexis G Shaw
SIGNATURE OF OWNER

☒ AGENT FOR THE OWNER

10/2/2019
DATE

LAMOINE

475 LAMOINE BEACH ROAD

ALEXIS G. SHAW

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Rebecca Albright, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☒ do ☐ do not) approve the requested variance. I (☒ will ☐ will not) issue a permit for the system's installation as proposed by the application.

Rebecca Albright
LPI Signature

10-2-2019
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, Rebecca Albright, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

Rebecca Albright
LPI Signature

10-2-2019
Date

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Div. Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION City, Town, or Plantation: <u>LAMOINE</u> Street or Road: <u>LAMOINE BEACH ROAD</u> Subdivision, Lot #: <u>#475</u>		>> CAUTION: LPI APPROVAL REQUIRED << Town/City: <u>Lamoine</u> Permit # <u>1973</u> Date Permit Issued: <u>10/2/19</u> Fee \$ <u>209</u> Double Fee Charged <input checked="" type="checkbox"/> <u>[Signature]</u> L.P.I. # <u>394</u> Local Plumbing Inspector Signature Fee: \$ <u>320</u> state min. fee \$ _____ Locally adopted fee Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input checked="" type="checkbox"/> State	
OWNER/APPLICANT INFORMATION Name (last, first, MI): <u>SHAW, ALEXIS G.</u> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant Mailing Address of: <u>TACY RIDLON</u> <u>MARSELLO GROUP</u> <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant <u>140 HIGH STREET</u> <u>ELLSWORTH, ME, 04605</u> Daytime Tel. # _____ email address: _____		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules. Municipal Tax Map # <u>12</u> Lot # <u>19</u>	
OWNER OR APPLICANT STATEMENT I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit. <u>[Signature]</u> <u>10/2/19</u> Signature of Owner or Applicant Date		CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application. <u>10/2/19</u> <u>[Signature]</u> (1st Date Approved) Local Plumbing Inspector Signature (2nd Date Approved)	

PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>TRENCH</u> Year Installed: <u>PRE 1974</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <25% <input type="checkbox"/> b. Major Expansion ≥ 25% <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENT(S) <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components
SIZE OF PROPERTY <u>1/2 ±</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____ Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input type="checkbox"/> Proposed <input checked="" type="checkbox"/> Existing <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete (SEE NOTE PAGE 2) <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> c. with lift station <input type="checkbox"/> d. water tight <input type="checkbox"/> e. two compartment <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <u>10 SIDE</u> <u>FEED CONCRETE CHAMBERS</u> <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>770</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>270</u> gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE <u>5</u> CONDITION <u>C</u> at Observation Hole # <u>1</u> Depth <u>36"</u> OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <input checked="" type="checkbox"/> 1. Medium – 2.6 sq. ft./gpd <input type="checkbox"/> 2. Medium-Large – 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large – 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large – 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44° 27' 41.5" N</u> Lon. <u>68° 18' 46.2" W</u> if g.p.s., state margin of error: <u>30'</u>

SITE EVALUATOR STATEMENT

I certify that on 8-5-19 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

<u>[Signature]</u> Site Evaluator Signature WILLIAM A. LABELLE, JR.	319 SE# (207) 537 - 5900	<u>8-10-19</u> Date labellesepti@rivah.net
Site Evaluator Name Printed	Telephone Number	E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

Street, Road, Subdivision
 11 NE BEACH ROAD

Owner or Applicant Name
ALEXIS G. SHAW

Scale 1" = 40 Ft.

SITE LOCATION PLAN
(Attach map from Maine Atlas
for First Time System Variance)

Lamoine
 Beach Road *
 SITE ↑

TANK IS OLDER. I RECOMMEND PUMPING OUT AND FILLING EXISTING TANK AND PLACE NEW, WATER TIGHT, 1000 GAL. SEPTIC TANK, 30' MIN. FROM WELL. RAISE TANK, AS MUCH AS POSSIBLE. IF EXISTING TANK IS USED, UNCOVER TANK, CHECK BAFFLES - REPLACE, IF NEEDED AND INSTALL WATER TIGHT RISERS ON ALL COVERS.

Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile	Condition	%		<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

319
S.E.#

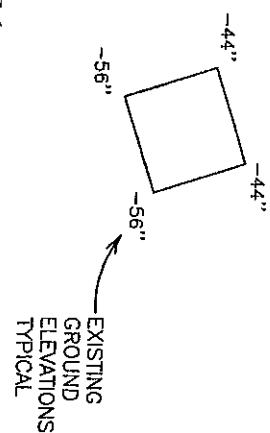
8-16-19
Date

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
LAMOLINE	LAMOLINE BEACH ROAD	ALEXIS G. SHAW

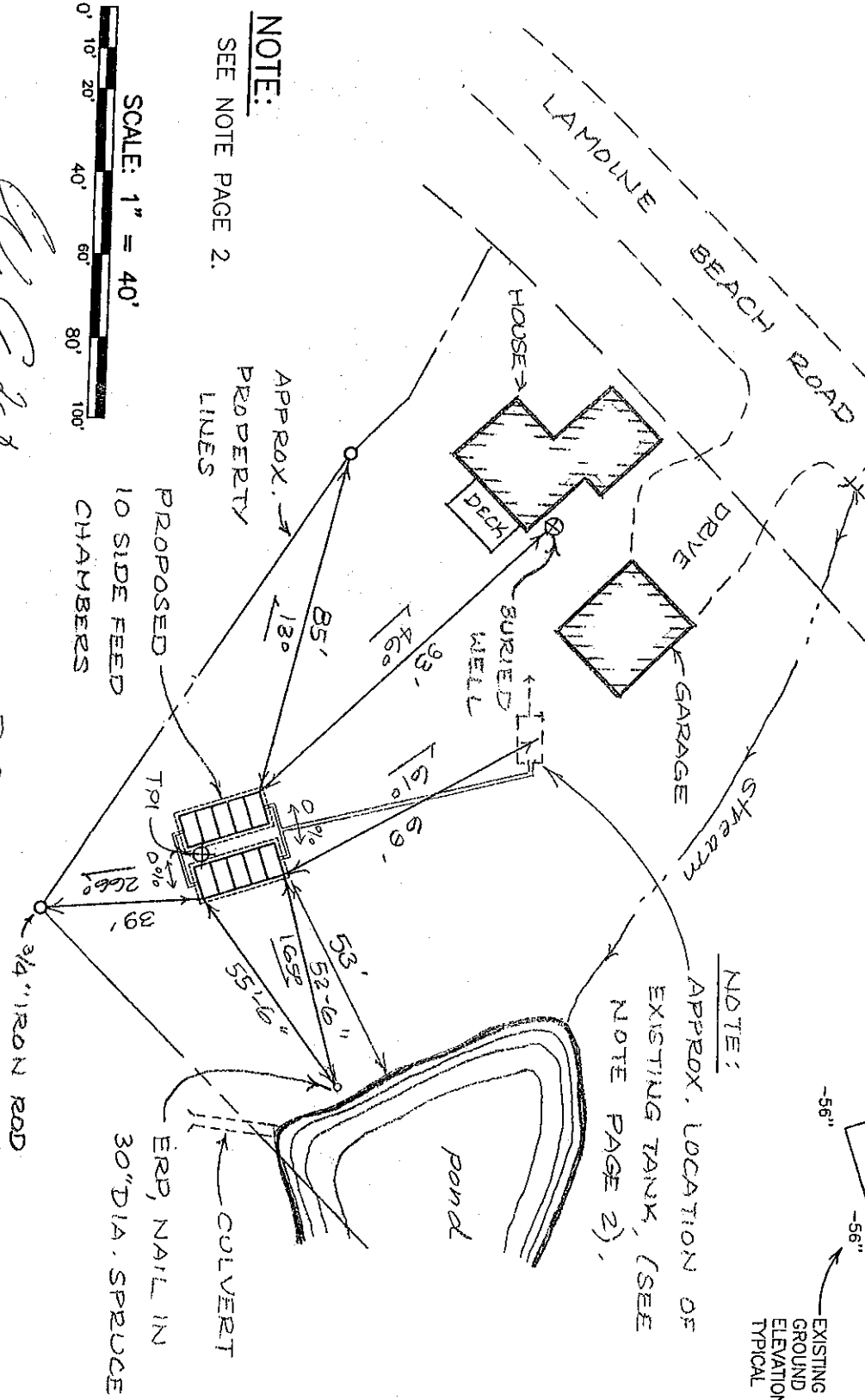
MAGNETIC NORTH

SITE PLAN:

SCALE: 1" = 40 FT.



NOTE:
APPROX. LOCATION OF EXISTING TANK, (SEE NOTE PAGE 2).



NOTE:

SEE NOTE PAGE 2.

SCALE: 1" = 40'



Site Evaluator's Signature

Handwritten signature: A.C. de J.

S.E. #

319

Date

8-10-19

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

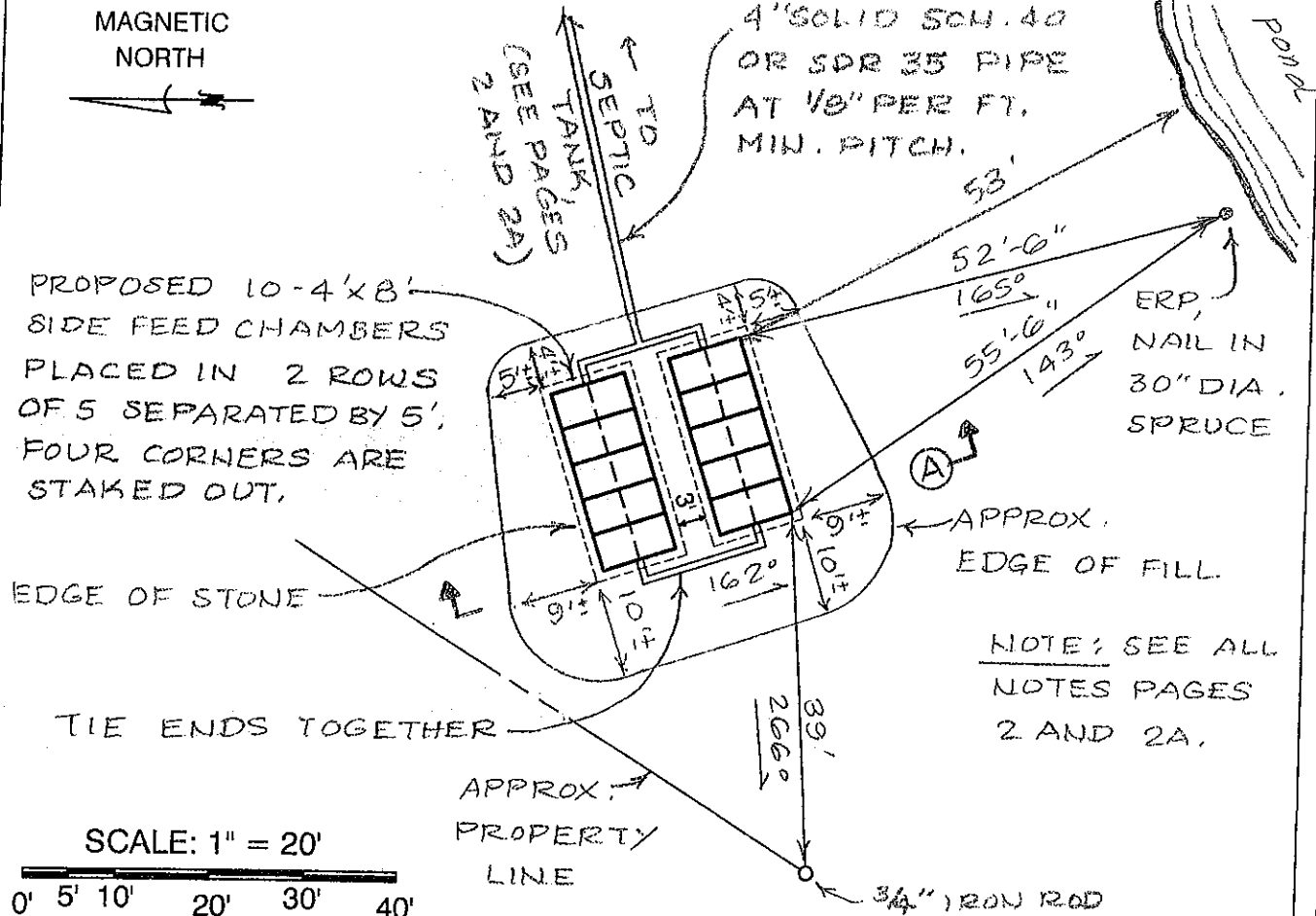
Town, City, Plantation
LAMOINE

Street, Road, Subdivision
LAMOINE BEACH ROAD

Owner or Applicant Name
ALEXIS G. SHAW

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT	
Depth of Backfill (Upslope)	5"	Finished Grade Elevation	CROWN	-3.5"		Location & Description	NAIL 50"
Depth of Backfill (Downslope)	17"	Top of Distribution Pipe or Proprietary Device		-4.7"	N/A		ABOVE GROUND IN A
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field		-6.0"			30" DIA. SPRUCE
						Reference Elevation is:	0"

NOTES:

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. All work done adjacent to wetlands and water bodies must be done in compliance with section 12 of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPWO588).
4. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers; (recommend extending risers to finish grade).

Site Evaluator's Signature

S.E. #

Date

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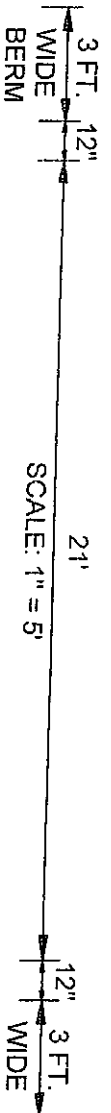
NOTE:

GRADE UPSLOPE TO DIVERT
SURFACE WATER AWAY FROM
SYSTEM.

DISPOSAL AREA CROSS SECTION

TOP 4" OF FILL TO BE A GOOD LOAM
SOIL MIX TO ESTABLISH A GOOD
VEGETATIVE COVER; SEED
AND MULCH TO PREVENT EROSION,
SEC. 11-G.

FILL MATERIAL SHALL BE 8"-12" THICK
OVER CHAMBERS AND SHALL BE GRAVELLY
COARSE SAND TO THE STANDARDS IN
SEC. 11-E IN THE SUBSURFACE RULES.



CROWN FINISH GRADE FROM CENTER AT 3% SLOPE

FILL EXTENSIONS
NO GREATER THAN
4:1, (25% SLOPE).

REMOVE VEGETATION AND SCARIFY
ORIGINAL SOIL UNDER ENTIRE FILL AREA, SEC. 11-B.

ELEVATIONS:

ELEV. REF. PT. (ERP):

0"

FINISHED GRADE:

- 35" CROWN

TOP OF CHAMBERS:

- 47"

BOTTOM OF CHAMBERS:

- 60"

4' x 8' CHAMBER

BOTTOM OF CHAMBERS MUST BE
LEVEL WITH MAXIMUM GRADE
TOLERANCE OF 2" PER 100.

2" COMPRESSED HAY (OR FILTER
FABRIC) SEC. 11-F RECOMMENDED
OVER STONE AND CHAMBERS

FILL EXTENSIONS
NO GREATER THAN
4:1, (25% SLOPE).

EXISTING GRADE
LIMITING FACTOR
12" CLEAN STONE,
(3/4" - 2 1/2" DIA.),
UNIFORM SIZE.

THOROUGHLY MIX, DISK OR ROTO-TILL
CLEAN, COARSE, SHARP SAND INTO
TOP 6 INCHES OF ORIGINAL SOIL TO
CREATE A TRANSITION ZONE, SEC. 11-B.

NOTE:

SYSTEM MUST BE INSTALLED ACCORDING
TO THE RULES AND PRACTICES SET FORTH
IN THE MOST CURRENT VERSION OF THE
STATE OF MAINE SUBSURFACE WASTEWATER
DISPOSAL RULES. INSTALLATION CONTRACTOR
MUST BE FAMILIAR WITH SAID RULES AND
CONSTRUCT SYSTEM IN FULL COMPLIANCE
WITH SECTION 11 OF SAID RULES.

OWNER: ALEXIS G. SHAW
LOCATION: LAMOINE

W. C. Jr.

DOC 17

WILLIAM A. LABELLE, JR.

S.E.#

319

DATE

8-16-19